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SOCIETY OF CANADIAN SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES—SECOND ANNUAL CONVENTION.

On Thursday, October 8th, at 10.30 a.m., in the Lady Stanley Institute, Ottawa, the Convention was called to order by the President, Miss Snively, and His Lordship the Bishop of Ottawa opened the proceedings with prayer.

Addresses of welcome were delivered by Mr. J. W. Woods, President of the Lady Stanley Institute, and His Worship Mayor Scott. The President gracefully expressed the thanks of those present to the Lord Bishop, the Mayor, and President Woods, and invited Mr. John Ross Robertson, an honorary member of the Association, whom she referred to as the friend of nurses, as well as the friend of children, to take a seat on the platform. The President's address followed, after which the Secretary, Miss Brent, read her report, which referred to the formation of the proposed Canadian National Society, and stated that the total number of applications for membership during the year was 23—16 active and 7 associate. The Treasurer's report was then presented, showing receipts \$209.02, expenditure \$177.45, balance \$41.57. Mr. John Ross Robertson then delivered an admirable address, full of sympathy with the work of superintendents, and characterized by kindly practical wisdom. "I sometimes think," said Mr. Robertson, "that people are selected by providence to carry out certain work. Anyway, it does seem to me that I have been selected to do what I can to aid the helpless ones, who cannot take care of themselves, and also to be of assistance to the good women who devote their lives to the work of nursing. There is no one in the world more aware of the fact that a great many lady superintendents have, in a great many hospitals, a pretty hard time." Mr. Robertson then spoke of the Association, of the laymen's part in hospital work, of how the hospital should care for nurses, and other important topics.

The President then called upon Miss M. Louise Meiklejohn, Lady Superintendent of the Protestant General Hospital, Ottawa, on the "History of Canadian Hospitals." This paper was of a

particularly interesting and important character, and warm appreciation of it was expressed by the President and by Mr. John Ross Robertson. It is hoped that it will be issued later in permanent form. The chair then invited the delegates of the different societies to meet with the Canadian Society of Superintendents that evening to discuss the formation of a Canadian National Association. The following ladies were also appointed by the President as a Nominating Committee: Miss Shaw (M.G.H.), Miss Chesley (St.L.H.O.), and Miss Greene (B.G.H.).

THURSDAY AFTERNOON.

The chief features of the afternoon's meeting were Miss Brent's paper on "The Trained Nurse in the World's Work To-Day," and Miss Potts' paper on "The Nursing of Children." These papers were of a very high standard of excellence, and were greatly appreciated by the audience. A good discussion followed, in which Miss Stanley, of London; Miss Phillips, of Montreal, and others took part. Miss Chesley, on behalf of the Board of St. Luke's Hospital, then invited the members of the Association to luncheon on Friday at the Golf Club.

FORMATION OF A NATIONAL NURSES' ASSOCIATION.

The President explained that the Council of the Superintendents' Association, together with the delegates present from all the Nurses' Associations, were now met to consider the advisability of forming a Canadian National Nurses' Association, which should enter the International Council of Nurses, the next meeting of which is to be held in London, in 1909. Miss Snively gave a brief historical account of the formation of Nurses' Associations, dating from the American Superintendents' Association, in 1893, and quoted from Miss Dock, of New York; Mrs. Bedford Fenwick, of London, and other leaders in the nursing profession, advising the formation of this National Association. At the request of the President, Miss Alice J. Scott then read the committee's report, and after a general discussion, it was decided to form a Provisional Committee, and thus organize the National Association.

It was moved by Miss Greene, seconded by Miss Molony, that the name of this committee be "The Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Moved by Miss Stanley, of London, seconded by Miss Scott, of Toronto, and carried, that the following Constitution be adopted and that the objects of this Association shall be:

1. To promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada.
2. Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every coun-

try; to encourage a spirit of sympathy with nurses of other nations, and to afford facilities for national hospitality.

3. To promote the usefulness and honor of the nursing profession.

Moved by Miss Shaw, seconded by Miss Hamilton:

"That the officers of the Provisional Committee shall be a President and Secretary-Treasurer, elected for a period of from three to five years." Carried.

Moved by Miss Stanley, seconded by Miss McFarlane, of Vancouver, and carried:

1. Associations of Nurses, on joining the Canadian National Association of Trained Nurses, shall pay an affiliation fee of five dollars.

2. Each Association affiliated to the Canadian National Association of Trained Nurses shall pay a fee of two dollars for each delegate appointed by it to serve on the National Association.

It was moved by Miss Stanley, seconded by Miss Molony, "That Miss Snively, President of the Canadian Society of Superintendents of Training Schools for Nurses, be elected President of the Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Miss Brent took the chair, and it was moved by Miss Snively, seconded by Miss Chesley, "That Miss Shaw (M.G.H.) be appointed Secretary-Treasurer of the Association." Carried.

The following Associations have joined the new National Association: The Canadian Society of Superintendents of Training Schools for Nurses; Ontario Graduate Nurses' Association; Canadian Nurses' Association, of Montreal; Hamilton Graduate Nurses' Association; Ottawa Graduate Nurses' Association; Manitoba Provincial Nurses' Association; Vancouver Graduate Nurses' Association; Calgary Graduate Nurses' Association; Edmonton Graduate Nurses' Association; Toronto General Hospital Alumnae Association; St. Michael's Hospital Alumnae Association, Toronto; Kingston General Hospital Alumnae Association; Hospital for Sick Children Alumnae Association, Toronto; Alumnae Association, Western Hospital, Toronto; Alumnae Association, Riverdale Hospital, Toronto; General and Marine Hospital Alumnae Association, St. Catharines, Ont.; Montreal General Hospital Alumnae Association; General and Marine Hospital Alumnae Association, Colingwood, Ont.

FRIDAY, 10.30 A.M.

The President announced that very cordial invitations had been received from Miss McFarlane, and the Graduate Nurses, of Vancouver, and from Miss Wilson, of the Winnipeg General Hospital, for Vancouver and Winnipeg, respectively, as the place of the next annual meeting, and also from Miss Stanley and the Board of Victoria Hospital, London. It was decided that the next annual

meeting be held in London. The report of the Nominating Committee was then read, as follows:

President, Miss Stanley, London; First Vice-President, Miss Snively, Toronto; Second Vice-President, Miss Lewis, Montreal; Secretary, Miss Brent, Toronto; Treasurer, Miss Meiklejohn, Ottawa; Councillors, Miss Livingston (Montreal), Miss Mackenzie (Ottawa), Miss Craig (Montreal); Auditors, Miss Sharp and Miss McCall.

Miss Greene, of Belleville, then read an able paper on "Training School History." This was followed by another important paper on "Preliminary Training of Nurses," by Miss Stanley, which was discussed by Miss Shaw and the President.

Miss Chesley then presented a paper of great practical value, entitled "The Day's Work," by Mrs. Harris, Visiting Nurse of the Anti-Tuberculosis Society, of Ottawa.

Miss Shaw then read a paper, which was listened to with great pleasure and attention, on "The Visiting Nurse," after which the Association enjoyed a delightful luncheon at the Golf Club.

FRIDAY AFTERNOON.

The report of the Nominating Committee was then adopted for the officers, and the Councillors were elected by ballot as above. Votes of thanks were presented to Miss Meiklejohn and the members of the Lady Stanley Institute, to the officers and Board of St. Luke's Hospital, and to the Lord Bishop, the Mayor and Mr. Woods on behalf of the Association.

The retiring President then introduced the new President, who made a brief and happy address, and proposed a vote of thanks to the retiring President, which was carried unanimously. The meeting then adjourned, to meet in London, Ont., next year.

The following new members were elected to the Association:

Active Members.—Miss S. M. Horner, Reception Hospital, Saranac Lake, N.Y.; Miss L. Butler, General Hospital, Brandon; Miss G. Woodland, Western Hospital, Toronto; Miss Jessie Sheraton, Aberdeen Hospital, New Glasgow, N.S.; Miss Isabel Brown, Royal Jubilee, Kenora; Miss Elizabeth McColl, Maternity, Ottawa; Miss Christina Mounsey, Cottage Hospital, Swan River, Man.; Miss Kate McTavish, St. Andrew's Hospital, Atlin, B.C.; Miss Elizabeth O'Connor, Isolation Hospital, Ottawa; Miss Lucy Hurlburt, Muskoka Sanitarium, Gravenhurst; Miss Mary Ard Mackenzie, Chief Superintendent Victorian Order, Ottawa; Miss G. Hastie Hardinge, District Superintendent V. O., Ottawa; Miss Elizabeth Chalmers, General Hospital, Regina, Sask.; Miss Christina McFadyen, General Hospital, Sherbrooke, Que.; Miss Elizabeth Austin, Cottage Hospital, Pembroke.

Associate Members.—Miss K. Gallaher, Assistant Superin-

dent Protestant Hospital, Ottawa; Mrs. Ennis, Assistant Superintendent St. Andrew's Hospital, Atlin, B.C.; Miss M. A. B. Ellis, Assistant Superintendent General Hospital, Toronto; Miss M. F. Grieg, Instructor of Probationers, General Hospital, Winnipeg; Miss M. C. Mathieson, Assistant Superintendent, General Hospital, Winnipeg; Miss Burgess, Head Nurse Maternity Department, General Hospital, Vancouver, B.C.; Miss Rudd, Assistant Superintendent, General Hospital, Vancouver, B.C.

The following delegates were present: Miss L. M. Caven, Mon. Gen. A. A.; Miss L. Baikie, Can. Nurses' A., Montreal; Miss L. C. Phillips, Can. Nurses' A., Montreal; Miss A. M. Colquhoun, Can. Nurses' A., Montreal; Miss Yvonne Baudey, Can. Nurses' A. of Ottawa; Miss Josephine Hamilton, Hospital for Sick Children A. A., Toronto; Miss Emma Elliott, Mack Training School A. A., St. Catharines; Miss M. E. Burgess, Gen. Hosp. A. A., Vancouver, B.C.; Miss B. S. Atkinson, Edmonton A., Alberta; Miss Gunn, T. G. H. A. A., Toronto; Miss Woodland, Miss Brent, O. G. N. A.

Visitors.—Miss L. Tulmer, Atlantic City Hospital; Miss C. B. Monk, Mounds Park Sanitarium, St. Paul, Minn.; Miss M. G. Berry, L. S. Institute, Ottawa.

LIST OF EXHIBITS

shown by the members of the Canadian Society of Superintendents of Training Schools at St. Luke's Hospital, Ottawa.

ST. LUKE'S HOSPITAL, OTTAWA.

Cardiac Ice Cap Support; Pneumonia Jacket, with Poultice Pocket; Nurses' Dressing Basket; Scultetus Abdominal Binder; Operating Room Gown; Laparotomy Drawers; Public Ward Table Napkin; Ice Hammock.

HOSPITAL FOR SICK CHILDREN, TORONTO.

Spinal Brace; Hip Splint; Knee Splint; Gallie Bed Splint; Box Splint; Individual Thermometer Holder; Japanese Ice Cap; Bottle Holder; Doll with Minerva Splint.

GENERAL PROTESTANT HOSPITAL, OTTAWA.

Catherization Tray; Enemata Tray; Emergency Eye and Throat Tray; Toilet Basket; Cover for Hot-Water Bag; Abdominal Binder; Dressing Rubber for Head.

GENERAL HOSPITAL, TORONTO.

The Gertrude Suit; Ward Slippers; Snively Breast Binder; Snively Obstetrical Leggings; Scultetus Binder; Nightingale Abdominal Section Binder.

GENERAL HOSPITAL, KINGSTON.

Circular Cork Pillow; Catheter Towel; Tonsillotomy Towel; Don-Pad; Cover for Glass Tumbler; Face Mask; Baby's Dress; Individual Tea Cosy.

PRESIDENT'S ADDRESS.*

Ladies, Gentlemen and Members of this Society,—It is our privilege and honor to hold the Second Annual Convention of the Canadian Society of Superintendents of Training Schools for Nurses in the City of Ottawa, the capital city of our great and wide Dominion.

For more than half a century the City of Ottawa has had the enviable distinction of being the seat of our Canadian Government. As loyal British subjects (some of whom visit your city for the first time), we recall with pleasure the fact that the cornerstone of your Parliament Buildings, which are of the Italian-Gothic style of architecture, was laid by the greatest and wisest of monarchs, at that time the Prince of Wales, now His Most Gracious Majesty, King Edward VII., of England.

An additional source of pleasure, and one which, as time goes on, we shall all appreciate more and more, with each succeeding year, is that once more opportunity is afforded us for looking into each other's faces, for clasping each other's hands, and warming each other's hearts.

The kinship which exists between those who are engaged in the same work, especially if that work be such as is represented here this morning, though not at all understood by outsiders, and perhaps only partially understood by ourselves, is one of the strongest and most helpful factors in gatherings such as this, and would in itself be sufficient reason for the existence of our Society.

But we have more tangible cause for congratulation: The increase in the membership of our Society during the past year has been most encouraging.

This Association will be asked to receive into its membership applicants resident on our Atlantic seaboard, others from our Eastern and Western provinces, and also those resident on our Pacific coast. To all of these, I feel assured, this Society will extend the right hand of fellowship, and rejoice over every additional member who will join with us in our endeavor to strengthen and perfect that which is lacking, "according to the working in due measure of each several part (or member), making the increase of the body unto the building up of itself in love."

The privileges, the duties and responsibilities which membership in this organization has entailed during the past year, have been bravely met, not only by your Executive, but by many individual

* Delivered before The Canadian Society of Superintendents of Training Schools for Nurses.

members who have consented to spend much valuable time and labor in the preparation of papers on "The Early History of Hospitals and Training Schools in Canada," as well as in the consideration of other subjects which we will have the pleasure of hearing discussed during the various sessions of this Convention.

Your Executive has aimed to make this annual gathering a time which we shall not only enjoy socially, but educationally, and, I was about to say, spiritually as well.

The urgent need for post-graduate study we have sought to meet, in some measure at least, by means of exhibits of hospital and training school appliances, by demonstrations, and by carefully prepared papers, which deal not only with all that is newest and latest in hospital and training school work, but with present-day questions of vital interest to the nursing profession.

The model society is ever that in which every member performs his or her own part or duty.

For the encouragement of those who have labored for this Society this year, and also to incite to effort those whom we hope to induce to attempt great things in the future, I will quote the words of the late Charles Kingsley:

"Thank God every morning that you have something to do that day which must be done whether you like it or not. Being forced to work and to do your best will breed in you a hundred virtues which the idle never know."

And also of Theodore Roosevelt, who says:

"The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage, that we move on to better things."

It would seem only natural on this occasion, when the nursing profession in Canada has begun to awaken, and to take time to consider her possibilities, that she should remember the position which trained nursing holds in the world to-day.

In the year 1906, there was published in London, England, "The History of Nursing in the British Empire," by Sarah Tooley, the author of "The Life of Florence Nightingale." In the preface of this most interesting volume, which deserves the most careful consideration of every trained nurse, we read the following: "The rise and spread of trained nursing is one of the most remarkable developments of the last half of the nineteenth century, and forms an important chapter in social progress. It is a matter for national pride that Great Britain has been the cradle of this beneficent movement."

In January, 1908, there was published in New York City an exhaustive "History of Nursing" by Miss M. A. Nutting and Lavinia L. Dock, the former a Canadian nurse, trained in the

Johns Hopkins Hospital, Baltimore, and the latter an American, trained in Bellevue Hospital, New York City. Those who have read these two volumes will look forward eagerly to the third volume, promised on condition that present-day nurses manifest sufficient interest in the books already published to warrant the publication of a third volume.

May I commend these volumes for your perusal, and may I suggest that not only should every training school library contain these books, but that they should be read and pondered by every nurse in the Dominion of Canada.

Cold indeed must be the heart of that nurse, and dead indeed the imagination that will not be kindled into keener action and fired with higher ambitions when perusing the pages of this truly great work.

Although cause for congratulation may be had in the work thus far undertaken and accomplished by the Canadian Society of Superintendents of Training Schools for Nurses, and by nurses the world over, it remains for this Society this year to take one more step in the forward movement which is so characteristic a feature of the twentieth century.

In the year 1899, there was formed in London, England, a society called "The International Council of Nurses," the history of which, from the pen of its founder, Ethel Gordon Fenwick, Hon. President, may be found in the August number of the *American Journal of Nursing*, 1901.

The first President, Secretary and Treasurer of this International organization were elected for a period of five years, and in the choice of these officers, representatives of the nursing councils of England, the United States and Canada were chosen.

It so happened that your President was at this time elected the Honorary Treasurer of the International Council of Nurses, as the representative of our beloved Canada, which office she held for a period of five years. At the expiration of this period of time, she was made Vice-President, which position she now holds, and will doubtless continue to hold, until such time as Canada may so unite her scattered nursing societies into one national league or association, as will enable her (Canada) to be represented by the President of this united body. Letters have been sent to all known organizations of nurses in Canada for the purpose of asking them to affiliate with the Canadian Society of Superintendents of Training Schools for Nurses, and many of these societies are represented by delegation at this Convention. The question we will be asked to consider, therefore, before the close of this Convention, is whether or not at this time it will be advisable for Canada to place herself in such a position as will make it possible for her to unite

with the International Council of Nurses this year. As stated in the circular letter sent out in July last, the nations now forming the International Council of Nurses are Great Britain, Germany and the United States. Holland, Belgium and Finland will be admitted this year. Why, therefore, should Canada delay?

In the year 1904, the two representative nursing organizations, viz., "The American Society of Superintendents of Training Schools for Nurses" and "The Associated Alumnae of the United States," united to form a third society, known as "The Federation of American Nurses." The united executives of these societies chose a President, Secretary and Treasurer, and in this way sought and gained for the nurses of the United States admission into the International Council of Nurses.

To show you the attitude of the Mother Country towards Canada on this question, I quote from a recent letter from the President of the National Council of Trained Nurses of Great Britain and Ireland, Mrs. Bedford Fenwick: "It would be delightful if Canada could somehow affiliate with the other countries. At present the three countries which form the International Council are Great Britain, United States and Germany. Denmark, Finland and Holland have already asked to join with us next year, and I do want Canada.

"Our Matron's Council, which is synonymous with your Superintendent's Society, did this—it invited all the Nursing Societies to join by delegation. This committee took the name of the Provisional Committee of the National Council of Nurses of Great Britain and Ireland, and when it felt strong enough this year, adopted a constitution and name. Now, could you not do likewise? Call it the Provisional Committee, or the National Council of Nurses of Canada, or the Canadian Nurses' National Council; appoint a president, secretary and treasurer. We would be pleased to welcome the Provisional Council of Canada into the International Council next year.

"Let me know what you think of the provisional scheme. If you could found the National Council of Nurses for Canada right away, it would be grand."

In the article previously referred to, viz., "The History of the International Council of Nurses," these words may be found: "Professions, like nations, can only flourish by development of the individual sense of corporate responsibility. The first aim, therefore, of the International Council of Nurses is to organize nurses all the world over and make them articulate."

In closing this address, I ask you to consider with me the brave women, strong and true, and the God who led and guided and helped them to make the past of our beneficent profession. We

are grateful that we do not have to live that past over again, and thankful for the heritage into which we have entered.

But let us all remember that privilege means responsibility; that a better century does not mean that it should minister to us, but we to it, and also that we can only be worthy of the great inheritance which has been bequeathed to us, as we use our larger opportunities to make our country and the world better and brighter, purer and nobler with each succeeding year.

MARY AGNES SNIVELY.

THE WORK OF THE TRAINED NURSE IN THE WORLD TO-DAY.

It is not my purpose in this paper to go into elaborate detail of the different lines of work carried on by the nurses of to-day, but to mention briefly what is being done in this and other countries; what we are doing; and how far we, as teachers, are responsible for the education of the future graduate.

The work of the nurse to-day does not mean the care of the sick alone, but it means, or should mean, education in the broadest sense. Recognizing this, and how poorly equipped from a trained standpoint are many of those of our ranks holding hospital positions to-day, a grand effort was made by several of our best workers, and a course in Hospital Economics has been established at Columbia University. That it exists and is progressing is due, largely, to the efforts of the nurses of the United States and Canada. How far-reaching this work will be for the betterment of all conditions of nursing, it is impossible yet to fully realize. The chair of Hospital Economics is filled by one whom we delight to honor—Miss Adelaide Nutting. No small part has been played in the education and raising of the standard of our profession by the journals and magazines edited and published by the nurses of Great Britain, the United States and Canada. Some of the ablest and most lasting literature on hygiene and sanitation has been published by our beloved foundress, Florence Nightingale; and the latest addition to nursing literature, by Miss Adelaide Nutting and Miss Dock, is evidence of the advance that is being made in literature by the members of our profession.

Now, let us consider the work that is being done outside of the walls of hospitals.

First.—We have the District Nurse, and there is perhaps no branch of the profession which so universally commends itself to the public favor as that of district nursing, or one which is so well organized.

The care of the sick poor in their own homes appeals on the

broad ground of common humanity, and has a far wider influence than even the tending of the sick in hospitals, important as that is.

The nurse, with her bag, wending her lonely way through the crowded streets of our large cities, is a figure which commands something akin to veneration.

She brings into the squalid homes of the poor an educative and refining presence; teaches by gentle suggestion the laws of health and hygiene; puts heart into the overburdened mother; helps the husband to regain self-respect; brightens the lives of the little children; and gives even the meanest room or tenement the appearance of home.

Though her work may begin in charity, it creates a disposition for self-help. To quote the words of a writer, "It is almost true to say that wherever a nurse enters, the standard of living is raised." And again, Canon Wilberforce says, "Women are to be found at the root of every movement for the benefit of mankind, but the district nurse exercises the most civilizing and humanizing influence of all."

We, of this day, cannot claim to be the originators of this work, for it is as old in spirit, if not in organization, as Christian charity. Do not we read of the Deaconesses commended by St. Paul, and they surely are the prototypes of the District Nurse? We can, however, claim to have opened up new avenues of work. The nurse, in her daily visits, seeing the circumstances of the poor in their homes, would naturally seek to improve the conditions of those suffering. This has led to the appointment of the Nurse Inspector of tenement houses, and the co-operation with Boards of Health and with the social worker. This last-mentioned is one of the latest forms of charity work, and has filled a long-felt want.

The hospitals for a long time have felt that their duty did not end with the discharge of patients. There has, therefore, been established in connection with some of the larger New York hospitals the Social and Convalescent Relief work. The assistance rendered is of wide range, and depends upon the necessities of the patients, which may arise from destitution or protracted convalescence, or from the fact that they have neither home, relatives or friends, or from need of employment. It also secures for them admission to the homes for incurable, or similar institutions, again procuring a few weeks' stay in a convalescent home, where the country air will fit these unfortunates to take up the burden of their work again.

The saving of the lives of the little ones of our lands is now becoming a most grave and pertinent question. Who can do so much as the visiting nurses following up the cases from the dispensaries, and providing proper food by the establishment of these dispensaries and milk laboratories, educating the mothers in the proper mode of preparing and the care of the food supplied?

Second.—Since the establishment of the School Nurse, what

has been accomplished? With the medical inspection of the schools exclusion was the main point, the object being to protect other children. This was not accomplished, as the children could not be followed into their homes, and the causes of the trouble still remained. With the advent of the nurse, this has been in a large measure prevented, as in addition to the school work, she follows them to their homes, and there her influence is felt, not only by the immediate results of having the school children cared for, but by radical changes in the home surroundings. The result is that, in making statistics during one month, it was found that, under the old system of medical inspection, 10,567 children were excluded from school, while, with the new system, only 1,101. From these numbers it can be estimated what a serious loss of school time was suffered by those who could least afford to lose it, as to that class of people the school time is all too short.

Third.—We are all familiar with the Settlement Nurses, who, living amongst the people, accomplish their work of helping the masses to not only prevent disease, but to help themselves and to develop into useful members of society.

Fourth.—What shall we say of our Mission Nurses, who, from far India to the frozen regions of the North, are waging the battle against ignorance, crime and disease. Who rendered the greatest service in the histories of the recent wars and placed the care of the sick and wounded on a proper basis?—the women of our profession.

Fifth.—In her own small way, Canada has added her quota to the workers in this noble army. Our nurses are doing mission work, not only in far-away places, but in our very midst. In our own city we see daily our mission nurses wending their way from home to home. We have our "Grand Victorian Order," that has been such a power for good; we have our Tuberculosis Dispensary Nurse, whose life is spent in trying to allay the horrors of that dread disease; two of our cities have the School Nurse, and we have our Army Nursing Corps.

Sixth.—There is one sphere which we have forgotten, that is the nurse as a home-maker. All of us have had under our care the girl who has suffered from the lack of proper home-training. In fact, I think half the worry in the world to-day is caused by failure on the part of people to realize their responsibilities. We cannot reform the world, but let us see to it that our little corner is such that the women who leave our care are so imbued with this idea of responsibility and of setting the example of honor, love and loyalty, that the homes they make will help keep Canada in the front of the battle for right.

Now, what shall I say of the responsibility of those of us who are training young women to go out to meet these situations?

It is impossible for many of us to give our nurses the actual experience in this work, but can we not try to instil into them the

spirit of self-sacrifice and love which will make them hear the "cry of the children?" and so, as they go forth from our care, they will, even if they go to their homes, learn to help others who cannot help themselves.

LOUISE BRENT.

THE NURSING OF CHILDREN.

It was pointed out to me recently by a physician, that the reason a nurse who had trained in a Children's Hospital appeared to him more adaptable was due to the fact that the maternal side of a woman was more fully developed by the nursing of children; and the nurse to-day who thinks that she can acquire all that is to be learned in the nursing of children by spending only a month, more or less, in the wards of a Children's Hospital, has failed to realize the importance of this branch of the work.

The management of sick children differs in many essentials from that of adults who are ill, and we must realize that they do not give us much help with regard to their ailments, younger children being constantly fretful when sick, and it is not always an easy matter to know why they are so peevish and cross.

What may be considered success in the cure of children depends almost entirely on the nursing. Take the case of patients who form the largest class in Children's Hospitals, viz., tuberculous lesions of joints, spine, etc. Does not the handling of these children from day to day mean almost entirely the cure, or failure to cure; and if the nurse can be made to realize that on her rests all this responsibility, surely we are bringing home to her one great point, absolute attention to the most minute detail of her work?

The other class of patients, "the babies," depends also upon this exactness. We have found in our hospital here that the three great factors in our success are: Proper feeding, proper handling and fresh air.

For this reason, infant feeding is among the first lessons given to our probationers, both practical and theoretical; and after they have been accepted, the care of the tuberculous patient is one of their first demonstrations.

The subject of nursing in infancy and early childhood, in its entirety, is far too great to be discussed in the space and time at our disposal; let me therefore draw your attention to certain points along the line of institutional nursing.

First.—One of the most important items on baby's programme is his feeding. One nurse has entire charge of the babies' diet kitchen, and prepares all the milk mixtures, whey, barley water, etc., strict asepsis being maintained.

These mixtures are kept in a large ice chest, used only for the

above purpose. This leads up to the practical question as to what is the best kind of refrigerator, as absolute cleanliness is essential. The inner portion should be of metal. Those made entirely of metal are unsatisfactory, as in them the ice melts very quickly. If the ordinary metal refrigerator is encased in a wooden box, we have the best form. The compartments should be so arranged that the bottles of milk are either in contact with the ice, or very near it. The supply of ice should be abundant. To be effective the refrigerator should have a temperature of not over 50 deg. F. The temperature should be tested with the nursery thermometer to ascertain what results are being obtained. Spoiled milk, owing to faulty refrigerators, is to be blamed for many attacks of acute illness among patients.

Second.—A point which is rarely emphasized, yet of vital importance to the infant, is prophylaxis as to intestinal disease in bottle-fed babies. Therefore, the nurse is taught that diarrhoea is ever to be feared, and that the stools of infants suffering from this are infectious, and whenever changing is required it is done without delay. Many affections of the skin arise, too, from not removing the soiled linen sufficiently soon.

The soiled diapers are placed in an antiseptic solution, such as carbolic, 1-20. They are then washed and boiled in the ordinary way. The buttocks are apt to become excoriated from the irritating evacuations; accordingly the nurse should carefully wash the parts with warm boracic solution, and dry thoroughly with a piece of absorbent, or soft gauze. Whenever possible the babies are given a sun bath of several hours in a canvas-sided shelter facing the south, provided with a drop shade in front.

Third.—As to the infant's exercise, I am afraid we are inclined to underestimate the importance of this. It is to be obtained by kicking, general wriggling and throwing about of the arms. Every baby that is well enough should be allowed a certain time on a "kicking pad." Being sufficiently protected, he is able to use arms and legs at will. A word might here be said as to the nature of the cot. There are many in use. Probably the best is a shallow basket-like structure; it is easily moved, allows for a free circulation of air; and it also facilitates the handling of the little one. Each cot is supplied with a hot-water bottle, covered with two flannel covers, also with an individual thermometer enclosed in a special case attached to the head of the cot.

During convalescence, the nurse should see that the infant is warmly clothed, as, being considerably emaciated, he will readily take cold. It is of special importance that the abdomen and legs should be well covered, preferably by a close-fitting knitted garment.

Fourth.—Regarding the other class of patients mentioned in the beginning of this paper, I may say that, to successfully nurse them, requires prolonged association with them and special in-

struction in the principles governing the treatment. Many of the patients are suffering from tuberculosis of bones and joints. It is in the management of these cases particularly that the vigilance and intelligence of the nurse is required, for, upon the accuracy with which she carries out the treatment, depends the progress of the disease and its final cure.

It is not of infrequent occurrence that, after a patient has been some months under treatment, and good progress has been made, a relaxation in watchfulness results in retrogression. This misfortune should be guarded against in every possible way, and every effort made to impress the nurse with a sense of responsibility.

The principle which underlies the various treatments of tuberculosis in bones and joints is, that a cure can most rapidly be brought about by a complete fixation of the joint.

This idea has to be constantly drilled into the nurse, in order that she may intelligently carry out the details of treatment.

It is not enough that she shall understand how to handle this class of patients, but it is imperative that she shall understand the reason of every detail, and fully appreciate the evil effects of carelessness. When once she has fully grasped the underlying principle, the various treatments, although sometimes apparently complicated, are assured of proper success.

Fifth.—Hip-joint disease is the condition most commonly seen in the wards. It usually calls for some months of bed treatment, followed by a year or more of treatment with ambulatory apparatus, during which time the patient is seen in the out-patient department. In order that the fixation principle may be carried out, the child, besides being confined to bed, is either put into a plaster spica, or a bed splint. The latter was devised by our Associate on the Orthopedic service, and has been of great benefit to the patients and help to the nurses, as it allows of movement of the child from its bed without removing extension.

The spica cases are the easiest to handle, as they can be picked up and carried about without any fear of disturbing the joint.

For sanitary reasons, the spica cannot be used in the case of very small children, although, even in these, the use of varnish will keep the plaster tolerably clean for quite a long time.

For very small children, or those who require to have sinuses dressed daily, some form of apparatus, or stretcher, is employed.

The application of the adhesive plaster extension requires some special attention. In order that the movement of the joint may be reduced to a minimum, two nurses are required in the operation. One holds the leg firmly, with moderate traction, while the other applies the adhesive plaster and the bandage. We always try to impress upon the nurse the necessity of applying the bandage well, in order that it may not have to be changed for two or three weeks. Stitching the bandage is of great assistance. The

adhesive plaster is cut into narrow strips in order that strips of skin may be left uncovered, which can be used for the application of a new extension at the end of three or five weeks.

It is not safe to leave the plaster for a longer time, because of the formation of superficial ulcer. The bathing of these tuberculous patients requires special mention. Here again the nurse has to bear in mind the general principle—that the affected leg must be kept immobilized. In acute cases, therefore, the hospital routine of a daily bath must be dispensed with, and a substitute made in the form of a partial sponge bath.

This is given with the least possible disturbance of the patient, and when movement is unavoidable, the assistance of a second nurse to steady the affected part is required. Where it is necessary to remove the apparatus to give a bath, it is better to lengthen the intervals to periods of a week or more than to run the chance of injuring the diseased joint.

In cases of Potts' Disease, the point to be impressed upon the nurses is simply keeping the patient flat on his back, or on a bowed surface, which hyperextends the spine, which position must always be maintained, even while bathing and changing.

The nursing treatment of other joints amounts to practically the same thing as above, viz., absolute rest.

Patients suffering from this disease should, as far as possible, be treated in the open air.

In bright weather the cot should be placed out of doors, and, when this is impossible, the windows of the room must be kept wide open. There is no doubt whatever that more rapid progress towards recovery is made where attention is paid to this important matter.

The diet of these patients is always a matter of difficulty. It is an unfortunate fact that the very foods which are of most benefit are often distasteful to the patient, and they do not take sufficient to maintain the vital resistance. The diet of greatest value is one composed of cereals, bread with abundance of butter, eggs (raw or soft-boiled), milk, cream, and the rare meats and fruits.

The class of patients we have just been speaking of will often tax the resources of the nurse to the utmost; but if she maintains careful treatment, feeds him carefully and supplies him with as much fresh air as possible, while she does not neglect the important matter of bodily cleanliness, she may rest assured that she is doing all that lies in her power to aid the patient's recovery. Time and patience will achieve much, and we have often observed successful results follow upon strict attention to the points in nursing which I have tried thus briefly to emphasize.

F. POTTS.

PRELIMINARY TRAINING.

With the demand for educated nurses, it was natural that we should look into our methods, with a desire to improve them. Nurses have largely controlled every advance made in their profession, and it is by their efforts alone preliminary instruction has passed the experimental stage, to a definite plan in many of our hospitals. Seventeen years ago the Glasgow Royal Infirmary conceived the idea of a course, which included lectures and demonstrations in anatomy, physiology, bacteriology, hygiene, cookery and ward work. A few years later the London Hospital established a system differing in methods, but with the same end in view. About 1900, American superintendents, with their customary enthusiasm, began to establish the work on more extended lines, proving its merit by its speedy adoption in a large percentage of their hospitals.

The aim of preliminary education was to "equip the pupil for practical work, by teaching her the underlying principles governing that work," to study the comfort of the patient, and the best method of securing it; to know the use and abuse of materials, to understand the danger of extravagance, to protect her health by hygienic surroundings, and to maintain the ethics of her profession. Pupils are consequently enrolled under better conditions, have higher ideals, give clearer reports, and have a more intelligent idea of the cause and prevention of disease. Questions arise now, not as to the benefits to be derived from the system, but rather as to the advisability of continuing a scheme where probationers render no service to the hospital, but, on the contrary, are an item of expense. The heads of training schools will scarcely acknowledge the imputation when they know that the practical work performed in the study of methods secures to the advanced pupil time for the immediate care of the sick. Making solutions, surgical supplies, care of linen, etc., entails no small amount of time in the general management of a hospital. When the practical demonstrations are given in the public wards, or out-patient department (as they not infrequently are), expenses are slightly, if at all, increased; but if not, the benefits derived offset the outlay.

In looking over reports and statistics obtained from Canadian hospitals, we find a fairly good percentage have undertaken the work. Four schools, out of a dozen representative, have paid instructors and an average period of three months. Two carry out the same schemes by a rearrangement of hospital duties under the assistants. Two, owing to lack of accommodation, prepare their pupils by demonstrations in the wards and classes three evenings

in the week; others continue a more or less modified idea of the old system, but all approve of preliminary instruction.

That a lack of uniformity prevails is conceded; that this might be overcome, either by appointing a committee from our Society to investigate methods already started, and arrange therefrom a uniform curriculum, or by petitioning the government to appoint an inspector (nurse), with authority to act, as in the public school system.

Our hospitals are largely, I believe, if not altogether, under government inspection, and our trustees in sympathy with our ambitions, so that a way might be paved through their co-operation.

Naturally we look to the larger schools to perfect the system, but we must not overlook the fact that, in so doing, they may place the smaller schools at a disadvantage; they look to us for help rather than discouragement. Could we recommend to them from our preparatory classes candidates who are refused on the ground of not being able to keep pace in our busy wards? Would the smaller schools honor the recommendation by granting them the probation period? On the surface, it would appear a great help to many overburdened heads, and might possibly secure to the profession some desirable material.

Our ideals are not overtaken, but we are gaining ground. The preliminary course is only a stepping-stone to the central school system. In many sections technical schools have proved of great value, and it is not too much to expect that our public school system may yet offer an elective course to this as to other professions, "thus enabling the pupil to enter a school equipped for practical work, and the study necessary to make that work a success."

In considering the development in our work, we cannot too thoroughly appreciate the efforts of nursing journals in keeping before us the many schemes for our advancement.

May I suggest that Misses Snively, Brent and Shaw give us the benefit of their endeavors.

MARGARET E. STANLEY.

THE FERNIE FIRE.

The fire which almost obliterated the fair city of Fernie occurred on Saturday, August 1st. Bush fires had been burning for several weeks within a short distance of the town and the fire brigade had been called out on more than one occasion when the town seemed threatened from one point or another; but no one seemed to think very seriously about them, except in so far as a great deal of valuable timber was being destroyed, the loss to the mill owners

being very great. A few days before the fire we noticed that a serious one was raging near the town of Hosmer, eight miles east of Fernie. At night we could see the glow on the mountain side, and felt glad to think we were so far away from it.

On the Saturday morning we noticed that fresh bush fires seemed to have been started directly south of the town, but spoke about them only in a casual way. The wind that morning was blowing quite strongly, but this was nothing unusual. About three in the afternoon, however, it had developed into a hurricane, blowing the dust into the air, so that between it and the smoke, the sun was quite obscured at times. Then the fire rushed down upon us from the southwest. First, the brewery and some small houses in the "old town" became ignited. Then the Cedar Valley and Elk lumber mills, on the opposite side of the town. Balls of fire from these buildings were blown for blocks, and as we had had no rain to speak of for a month, everything was ripe for fire. It was of no use to throw water on the sides of the houses, or on the lawns and fences. The attack was made on the roof. When the lumber mills went on fire, in West Fernie, the flames leaped the Elk River at its narrowest point, just below the park, and, flying up the bank, burned a fine house, formerly belonging to the Crow's Nest Pass Coal Co. The fire brigade did their utmost, but it seemed perfectly useless to struggle, when five or six different parts of the towns were attacked at once. By this time, people began to realize that the only thing for them to do was to try to escape from the doomed town, and a general panic ensued, although a few people refused to leave, and fought for their buildings until they saw there was absolutely no hope, most of the people ran out just as they were, not waiting to try to save any valuables, or even to put on hat or coat. Some who packed their trunks and put them outside were as badly off as those who walked out without anything, as the trunks were burnt on the lawns. The heat was intense, and the smoke and dust intolerable. Indeed, one could scarcely recognize his next-door neighbor. Everyone fled before the devouring element, no one having any definite idea where to go; but before long a crowd had collected inside the Crow's Nest Pass Coal Co. building, which is built of stone, and stands on a large square of grass. Some thought this place unsafe, however, owing to its large area of shingle roof, and left it, looking for a better place of shelter. Then a report got about that the Great Northern trains were taking people out of town, and a rush was made for a freight train which was standing on the track. This took the refugees out about four miles, to the "cut bank," and left them there until it went back for more. Others fled to a large fireproof warehouse, the Western Canada wholesale grocery. But these were only permitted to remain until the C.P.R. Station went on fire. Then it was thought unsafe to stay longer, and a rush was made for the Coal Creek train, which happened to be standing

on the track, having come down at 4 o'clock as usual. The C.P.R. also took many people to Hosmer, but could take them no farther owing to some bridges having gone; and besides, there was a report that Michel also was burning. The patients in both hospitals were saved. Those in the Fernie Hospital were dressed and given their money before the fiery element reached that part of the town, as the hospital was near the northern end. The two nurses on duty at the time did noble work, never for a moment losing their self-control. The hospital had a large vegetable garden in connection, and as the convalescent patients were dressed they were taken out there until the others were ready. Some miners helped to carry the stretchers with those who were too ill to walk, and they were all taken to the Western Canada building, and afterwards transferred to the Coal Creek train, where they remained until 11 p.m., when a relief train was sent from Cranbrook, and they were taken to the hospital there. Too much cannot be said in praise of the Cranbrook people, who received the refugees with open arms, and did all in their power to make them comfortable. The sufferings of the stricken people during that awful night it would be impossible to describe. Some stood all night in the Elk River, at Fernie. Those at the Cut Bank suffered everything from smoke, hunger and exposure. Those at Hosmer seemed to have been the worst off, as the town was surrounded by fire all night, and the refugees took to the beach and the coke ovens for safety. Besides which, a quantity of combustibles was stored about the town for the mines, and there was constant danger of explosions. Fortunately, the place where five hundred barrels of dynamite were stored was spared by a providential change of wind. But the powder house was blown up, and some smaller quantities of dynamite, breaking all the window glass in town.

In spite of the distressing circumstances, the loss of life was comparatively small, only about twenty bodies having been found. Four of these—a whole family—were found in a well, where they had evidently taken refuge and been suffocated.

Another body was also found in a well—a man, who, it was supposed, had stumbled in when blinded by smoke and flame. In less than three hours it was all over, and nothing was left of our fair city but heaps of smoldering ruins. Just five buildings were left standing where the business part of the city had been. Churches, schools, hospitals, everything gone. About thirty-two houses in all were saved, chiefly in the south-east portion of the town.

Of course, at such times as this many stories and legends are recalled. It is said that for many years the Indians have called the place where Fernie stood "Death Valley." At any rate, it has been noted that while Indians frequent the surrounding towns, very few ever come to Fernie, and none ever stay overnight.

M. E. KIDD.



The Superintendent of the Victorian Order of Nurses has received a number of interesting letters from Miss Edith Mayou, the Victorian Order Nurse, who, in 1906, volunteered for service, under Dr. Grenfell, with the Deep Sea Mission. Miss Mayou is stationed at Deep Sea Mission Hospital, Harrington Harbor, Canadian Labrador, and writes:

"I like my life here very much indeed. The people are realizing what a grand thing it is for the coast to have a hospital doctor and nurse here; they wonder how they did so long without us.

"Dr. Hare, by komatik in the winter, and by steam launch in the summer, patrols four hundred miles of coast, visiting the scattered settlements, and bringing here any patients who need treatment; he is seldom here for more than a week at a time without having a call from the east or from the west. He travelled over fifteen hundred miles by dog team last winter, and saw several hundred patients. I prescribe and treat during his absence only, keeping, of course, a record of my diagnoses and treatment for his inspection. I have several times been called up in the 'sma', wee hours' to go out on dog sled, or in a boat, to see patients on the distant islands or mainland.

"This hospital is very comfortably furnished now. It seems hardly possible that we are in Labrador; friends have been so kind and generous to us that we are able to do our work much more effectually than we could have done, if our hands had not been so strengthened.

"I am enjoying my life here very much, for I think that I have been able really to do some good. I am busy all the time, and although I get up at 6.30 in the winter, and at 5.30 in the summer, I seem never to have time for all I wish to do.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information, apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto.



The
Guild of

Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 153 Mance Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

There must be many cases where neither a priest or a physician can get access to the patient's heart, but the nurse who has been with him through wakeful nights and painful days, is permitted to say things, and to make suggestions that he will not tolerate from anyone else. This, however, is a high privilege to the nurse, and is only to be won by those qualities which we seek and desire in the Guild—the qualities of gentleness and constant sympathy. It does sometimes happen that nurses get very weary of their work—not weary of their professional work—but they get tired of the whims and vagaries, especially of nervous patients. I have never met a nurse who shrank from facing infection ; I have never known one tired out with the difficult routine of a surgical case ; but I've known a great many whose faith and patience and love have wavered, and sometimes were overcome, by the extreme tiresomeness of nervous patients.

And if it is difficult for the doctor to go and sit by the patient for a quarter of an hour, and listen every day to the same tale of misery and petty fault-finding, how much worse for the nurse, who is with her patient night and day ? That is the sort of difficulty which is only overcome by devotion founded upon, and nourished by, the religious life. There is no other chance.—
Extract from an Address by Mrs. Scharlieb, M.D.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*
—Sir Walter Raleigh.

THE TRIALS OF LIFE.

"All have their difficulties. If you wait till everything is as it should be, or might be, you will do nothing, and will lose life. You must choose, you cannot make. All roads have their obstacles. One has a strong gate across it; another goes through a bog. Is no one to go on? The finest words about the necessity of getting home before nightfall will not enable your poor little pony to take the gate." So it is. We cannot "wrestle with impossibilities." Neither can we "make facts to pattern." Nor can the creature argue with the Creator. We are so small in our lives, so little in our powers, that we are constrained, in the nature of the case, to have but half and quarter views of things.

Let us try to take large and sensible views. No two, of course, are quite the same in the lot of life; and things that apply to many will not apply to all. But "in our present state," a great philosopher tells us, "all we enjoy, and great part of what we suffer, is put in our own power; for pleasure and pain are the consequences of our actions; and we have capacity for foreseeing these consequences. By prudence and care we may, for the most part, pass our days in ease and quiet; or we may, by rashness, passion, wilfulness, or negligence, make ourselves miserable; and many do make themselves miserable, that is, they do what they know beforehand will render them so. They follow those ways, the fruit of which they know, by instruction, example, and experience, will be disgrace, poverty, sickness, and untimely death."

These are weighty words, and well worth our careful consideration. Why not resolve to train ourselves? Nurses, at any rate, are taught to do so. Their lives are regarded as models of discipline, devotion, and sacrifice. And what they are taught to do they determine to do; in other words, they make a voluntary thing of their training. They do not go about their work in a customable way, without consideration or design. Their memory, intellect, and will are all brought to bear upon it consistently; and if they may not always naturally like what has to be done, they bring forth (to put it philosophically) "forced acts of the will," and elect to do, and oblige themselves to do, and voluntarily do, the duty which they know belongs to their state. For ready examples of devotion to duty in their path of life, somehow none seem to come to mind more fittingly than our nurses, not even our soldiers and sailors.—
Father H. R. Buckler, in The Catholic Nurses' Magazine.

The Canadian Nurse

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Editorial.

CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

Nothing since THE CANADIAN NURSE made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from the members of the International Association. The constitution seems perfectly adapted for its purpose, and in its first officers, Miss Snively, the President, and Miss Shaw, the Secretary-Treasurer, the society is indeed fortunate. May success ever attend it.

THE CANADIAN SOCIETY OF SUPERINTENDENTS.

On the annual meeting great congratulations are in order. The excellence of the papers and discussions, the honor paid to the Society by the Lord Bishop, the Mayor and the citizens of Ottawa, and the dignified and cordial tone of the proceedings, leave nothing to be desired. We congratulate Miss Stanley upon the Presidency conferred upon her by the Association, and hope that the London meeting may meet with every success.

THE AMERICAN HOSPITAL ASSOCIATION.

The tenth annual meeting of this important Association was held in the banquet room of the King Edward Hotel, at Toronto, on Sept. 29 and 30, and Oct. 1 and 2, 1908, under the presidency of Dr. Goldwater, of Mount Sinai, N.Y., ably assisted by the Secretary, Dr. Babcock, of Grace Hospital, Detroit. The convention worked hard and accomplished much. Important committees were appointed on the training of nurses and other live questions. The addresses were characterized in most instances by sound common-sense. As Dr. Kavanagh, of the M. E. Hospital, Brooklyn, remarked: "We may give all the diplomas and degrees we like. The great public has only two degrees, one of which it always confers—O.K. and N.G.!"

Naturally, the papers most interesting to THE CANADIAN NURSE were those by Miss Alline on the "Inspection of Nurse-Training

Schools," and Miss Nutting, on "Some Problems of the Training School for Nursing." In the much-regretted, but unavoidable absence of Miss Nutting, this paper was presented to the Association by Miss Goodrich, of Bellevue, who, with Miss Maxwell, travelled all the way from New York on purpose, arriving at 10.30 a.m., and leaving at 5.00 p.m. the same day. It was a great disappointment to their friends in Toronto that a longer stay was not possible on this occasion, but we were very glad to have them, even for a day.

The first paper on training schools was given by Miss C. A. Aikens, "Relation of the Training School to Hospital Efficiency," a paper which laid the main points of the subject clearly before the audience.

The Editorial Board regret that they have not been able, partly on account of unusual pressure on our space, and partly because the Association naturally wish to publish papers first in their own journal, *The National Hospital Record*, to print any of these papers in our present issue, except Mr. Robertson's paper, by his kind permission. We hope to do so later on.

THE FAIR OF ALL NATIONS.

Nurses in Toronto and their friends have an important engagement at Massey Hall on November 12th, 13th and 14th. Everybody help. This Fair means a good deal to the nurses of Toronto, and it is confidently hoped by the management that the "Fair of All Nations," so attractive and interesting in its setting, arrangement and objects, will attract crowds and establish the club house which we all want so much. Further particulars may be had from Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

We would call the attention of our readers to the excellent report of this, one of the largest and most progressive Nurses' Associations in Canada. The report, which should be carefully perused by all our readers, will be found in this number, and we heartily congratulate the officers and members of the Association on their splendid record for the year.

THE FERNIE NURSES.

One of the most interesting papers we have ever published is "The Fernie Fire," by Miss Kidd, Superintendent of the Fernie Hospital. The nurses there were true to their duty, and their noble and heroic conduct will not be lost on their sisters in the profession.

Official Department.

**THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.**

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

**THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
SICK CHILDREN TRAINING SCHOOL FOR
NURSES, TORONTO.**

Hon. President, Miss Brent; President, Miss Barnard, 608 Church Street; 1st Vice-President, Miss Clark, Victorian Order; 2nd Vice-President, Miss Adams, Hospital for Sick Children; Treasurer, Miss Wilson, 33 Brunswick Avenue; Secretary, Miss Robertson, 182 Walmer Road; Corresponding Secretary, Miss Goodall, 668 Euclid Avenue; Directors, Miss Halley, 24 Elgin Avenue; Miss Jamieson, 107 Macpherson Avenue; Miss Elbington, 8 Bloor Street East.

A LAYMAN'S VIEW ON HOSPITAL WORK.*

After a man has followed the printing and newspaper business up and down a rugged pathway of over fifty years, he becomes case-hardened. I hope that my heart is not altogether hard, that my conscience is still tender in spots; but my experience in a printing office has encased my feelings in a rhinoceros hide of indifference to the blunders that attend the preparation of printed matter. The typographical error has lost its power to wound.

Otherwise, I would be overcome by the sight of the magic letters "LL.D." attached to the name I owe to my good old Scottish father and mother. The programme honors me above my merits, and far beyond my desires, when it prolongs the front end of my post office address with the letters which signify scholastic rank. I am not a scholar—but a way-faring man, who has come thus far upon life's journey without acquiring titles of distinction, and who will go to the end of the road without having his name enriched with other adornments than those that it now wears.

I merely mention this error, so that those of you who have been lured here in the hope of listening to an "LL.D." might understand that I am not an LL.D., or any other kind of doctor, but simply a layman who does not wish to sail under false colors.

Laymen and Their Fads.

To make this paper of mine acceptable and interesting to you men and women, who, day in and day out, year after year, are devoting your lives to the care of those who, stricken with sickness, lie in the beds and cots of hospitals of this western sphere—has given me more thought than any paper I have ever tried to prepare for any association that I have ever been connected with.

Brevity of speech is one of the verbal virtues, and there is no reason why that self-same virtue should not be displayed in the preparation of a paper that proposes to give you "A Layman's View of Hospital Work."

This suggestion is pertinent, for I would not have you think that you are to be wearied with a long story, and yet I shall try to interest you.

It occurs to me that the handling of this subject could have been made much more attractive to you, if the pen had been in the hand of some other narrator, whose experience was more varied, and who in his knowledge of detail might stand a closer cross-examination than I can with my limited knowledge.

Thousands of laymen in business vocations all over the world have side lines of activity that afford them relaxation and pleasure.

*Read at the Annual Meeting of the American Hospital Association, Sept. 29—Oct. 2, 1908.

Some indulge in agriculture, and a model farm and a prize herd of Jerseys is the goal of their ambition.

Others write books, and our American friend, Carnegie, has produced most readable volumes.

Not a few delight to follow the drumbeat of the militia, while many are fond of art, bric-a-brac, china and old brass.

A host indulge in politics, and a select and happy few of that galaxy become statesmen.

An odd one here and there tries his luck in the pulpit, while an army are to be found in the battalions who do good work as class leaders in the churches that owe their origin to the inspiration of good old John Wesley.

Last, but not least, is the phalanx of laymen who shut not their purse strings, but try the luxury of doing good, who found, who build and who take part in the management of the great houses of God's mercy—the hospitals, large and small, for adults and for children, that are planted all over this continent.

Why Should Laymen Be Interested?

For the past thirty years I have been interested, more or less—more, generally—in hospital work, and I am bound to say that, other than the work of running a daily newspaper with its constitutional and chronic worries that are sometimes accentuated with visits from the process server with writs for libel, hospital work gets closer to my human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation I have been able to select.

Some people may ask why should a layman be interested in hospital work. One need not go far afield for an answer. It's a humane work—a work of charity, a work that commends itself to what is best in human nature.

The Way to Gain Information.

During the past thirty years I have every year visited Great Britain and the continent of Europe, and nearly every State of the American Union. During these visits, interested as I am in hospital work in this city of my birth, I naturally felt interested in this work in other cities.

My visits were not inspired by curiosity. My idea was to gather knowledge, so that the particular class of work which I had at heart might be benefited.

When I tell you that these visits covered not only close inspection of the work, but heart to heart talks with the Superintendents, Lady Superintendents and Matrons of all the principal hospitals for adults in large cities of Europe, Great Britain and Ireland and the United States, and in every Hospital for Sick Children in the same area, I think you will admit that my mileage ought to have been given me—an experience in the line of information-getting that should have availed to advantage to the institution that I am connected with, and so it did.

I of course took it for granted that in all these great hospitals good work was being done in the surgical and medical departments by the skilled men who were in charge. Of surgery and medicine I know nothing, and this paper concerns only the business end of the work that is in your care and mine.

The Munificence of Laymen.

It struck me during my tours that in Great Britain, Ireland and the United States and Canada, the layman plays a most important part.

The largest and best hospitals in Great Britain owe their foundation and construction to the energy, enterprise and philanthropy of laymen—investments that total up millions and millions of pounds in sterling money, either left by bequest or paid during the lifetime for palatial edifices to shelter the sick and afflicted—all from the pockets of laymen.

Maintenance of Hospitals.

Hospitals may be dependent for support in part from Governments and from municipalities, or from voluntary contributions, but in the final analysis the layman pays the bill, and be it said, as a general rule he does it ungrudgingly.

Hospital construction and reconstruction is going on all over the British Empire, its colonies and in the United States of America. These buildings are constructed largely by the contributions of laymen.

Hospitals have to be maintained. It is a comparatively easy matter to build a hospital. The maintenance is a horse of another color. Appeals have to be made to the public. The Provincial Governments in Canada do their share, and pay a per head per day rate, and so do some of the corporations that govern cities, but the deficits—and deficits are inevitable—have to be made up by the layman.

There are various phases of the hospital problem that appeal directly to laymen, and it is a pleasure to see the faithful work of business men who, even if they are a bit short in the line of this world's goods, are long in the line of giving attention to hospital work.

Management of Hospitals.

The management of hospitals, and how to make such management effective, is a problem that has in a way yet to be solved.

Small Boards Best.

My information and my experience point in the direction of small Boards of Management. Given a first-class Superintendent, man or woman, to look after the work in the surgical and medical sides; a Lady Superintendent for the Training School for Nurses—if there be one—and a manager to cover the business end—all these under a small Board of four or five Trustees who are interested in the work, should suffice for the management of any hospital on this continent.

The Business Manager.

Some people think that the business end of a hospital's work should be managed by a business man who is not a medical man, and I share this opinion; but I am at the same time bound to admit that I have the pleasure of knowing quite a number of

medical men who manage both the medical and the business end in hospitals in the United States and Britain, and their work in management cannot be excelled.

At the same time one can point to any number of cases where hospitals have suffered materially from the combination.

Large Boards Unworkable.

Hospitals with large Boards of Management made up of representatives of municipalities and institutions either directly or indirectly affiliated in the hospital's work, do not seem to pursue the even tenor of the way that should be followed by organizations of that kind.

The composition of Boards of Management is open to criticism. Citizens are appointed who have little or no interest in hospital work. They put in an appearance during the primal stages of their careers on the Board, after which their interest wanes, and they are never in evidence unless some friend wants a position, and then they are sure to be on hand to cast their votes.

Where Prominent Citizens Figure.

The fact is that they obtain positions on the Board because they are prominent citizens, prominent, perhaps, because they have more figures at the balance of their bank account than ordinary people, or because of their political affiliations they like to see their names in cold type in hospital literature, so that they may be known to the public as prize medal philanthropists.

Some of them, as an American friend of mine has said, rarely see the inside of the hospital with which they are connected, save and except when some public function occurs, and at which they are of course always in evidence.

Trustees—and Trustees.

On the other hand, there are Trustees who are always on the job. Some have sense enough to act as Trustees should act, and if they have to criticize the work they do so to those who are in official charge.

Other Trustees, however, undertake to regulate everybody in the institution, from the General Superintendent down to the genial and hardworking domestic who struggles with the scrub brush on the floor of the outdoor department.

The latter variety of Trustee fortunately does not often get into the fore front, but when he does get in his deadly work he creates friction that leads occasionally to the resignation of the entire staff, and leaves the institution in such a chaotic state that recuperation and convalescence absorb months and sometimes years of time.

Cases on both sides of the Atlantic—a noted case in England some time ago—are proof of the truth of my statements.

Trustees Interfering in the Work.

There should be no interference by a lay Board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hos-

pital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the Board or Committee of Management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led to disaster. Small Boards and competent subordinates in management have worked out best in hospital work.

There is no use for hospital managers being blown about by every wind of doctrine. Every special theorist must not be allowed to have his finger in the pie, exploiting his pet fads at the expense of the hospital.

Profit will result from our meeting here to-day in this respect, that each institution gets the benefit of the experience of every other, and so avoids pitfalls and unnecessary repetition of experiments.

Hospital Services.

The desirability of reducing the number of the medical and surgical services in hospitals prevails to-day to a greater extent than ever before. It promises to result in the concentration of responsibility and unity of effort.

Of course it is a difficult matter in some hospitals to reach that point, but the day may come when a single service in each department with a head and competent subordinates may be attained.

The German hospitals that I have visited follow closely on these lines, and so do some in Great Britain, and a few on our side of the Atlantic.

Distinguished professional men, such as Dr. Mayo, of Rochester, and Ochsner, of Chicago, advocate this principle, and it is their opinion as a result of their experience in examining the systems and workings of the principal hospitals of the world.

Boards of Management composed of laymen favor to-day, more than ever, the adoption of this principle to a greater or less extent.

The institution with which I am connected introduced this system in Canada, and it has been adopted with success in other hospitals of the Dominion.

The Public and the Hospital.

Years ago the handling of the public was a problem that puzzled hospital management. But tact and good judgment exercised by Superintendents and Managers have largely eliminated the difficulties presented in the olden time. The public to-day are less critical and more reasonable in their views of hospital treatment.

Scores who years ago would shy at entering the ward of a hospital as patients, to-day are only too clamorous for it. The dread of a hospital and the discredit attached to being a hospital inmate have entirely disappeared.

Physicians and the Public.

A small percentage of the public are under the impression that when they enter the pay ward of a hospital the fee for lodging and maintenance covers the charge for treatment. They apparently forget that the physicians and surgeons give their

services free to those who cannot afford to pay—so that those who can pay must pay. The hospital is not a pauperizing institution.

The Outdoor Work.

The outdoor department of a hospital is always more or less a source of trouble, in that care has to be exercised in regard to those who should receive free treatment. My experience is, after years of careful watching, that if proper means are adopted nearly all cases of imposition can be detected.

I have had each year for some years past a personal investigation made into probably a thousand cases of outdoor applicants, where the inspector has visited the homes and the families concerned, and he found that not more than five per cent. could afford to pay even a trifle, and that the percentage of imposition was infinitesimal.

Let me say that we safeguard ourselves with a signed certificate from a clergyman or well-known citizen before giving relief on the second application. I found while in England last month that there is a great movement to try and establish some intermediary department as between the hospitals and their outdoor departments, the idea being that the hospitals would only take those duly certified by the dispensary of the district.

Wards Private and Semi-Private.

A hospital for the sick poor should not have private or semi-private wards unless there is a distinct separation between the funds subscribed for philanthropic objects by the public and the more or less revenue-producing wards of the hospital. The want of money for maintenance naturally drives hospital managers to the installation of private and semi-private wards as expedients for raising funds to carry on the work.

I suppose that till the happy time arrives when hospitals will have ample balances on the credit side of their bank account, the installation of private and semi-private wards will continue.

The great hospitals of London, such as St. Bartholomew's, Guy's, St. Thomas, East London and University College, have no private wards. St. Thomas has, however, a private building for private cases entirely separate and distinct from its general work. Of course there are in London many nursing homes, as they are called, that supply the places of the private wards in hospital work.

Hospital Literature.

Annual reports of public institutions may be included in the lists of latest publications, but notwithstanding the interesting topics therein discussed, hospital literature, be it said with regret, is not sought after by those who look for popular reading at the counters of circulating libraries.

The day has not arrived—it may be on the way—perhaps it has a stop-over ticket—when popular literature will have as one of its competitors the hospital report.

It struck me ten years ago that the driest and most uninteresting reading was our annual report. The subject matter was all right, but it did not seem to be placed before the public in proper form.

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It is the long watching at bedsides—the insufficient and broken sleep, and the irregular meals that sap the vitality and strength of the nurse.

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Surgical Instruments.

PHONE ORDERS PROMPTLY ATTENDED TO

So I commenced to illustrate our reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like "the minutes of the previous meeting," I told all about our work in story form.

I sub-headed the reports according to subjects. I used a good calendered paper, and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical case that could be photographed, should be so done.

I photographed every case the day it entered and the day it was discharged. I half-toned these photos, one of which showed the crippled boy when he was admitted to the hospital, and another when his deformity was corrected.

The publication of these photos of "Before and After" the operation were admirable exemplifications of our work—a first-class object lesson that brought coin to our coffers, for the public realized just the great amount of good we were doing. I followed this "Before and After" idea up in cases of bow legs and knock knees, and also in every case of hare-lip that had successful results.

The daily life in our wards—the nurses moving about from bed to bed—the children at their games—all had to answer the call of the camera. All material was made available for illustration, even the taking of a swab and its progress through the culture tube, the incubator, on the slide, with the stain and under the micro; a plaster jacket in all its stages; the search for the nickel in the gullet of some youngster who swallowed the coin instead of buying the candy; a needle from its point of entry, and its travels till located by the X-Ray—all these are brought to the public eye through our fifty-six-page report. We publish 12,000 of these, one for every donor; and we also issue a booklet of 24 pages with our larger report, condensed in paragraph form, and interspersed with small half-tones. Of these we send out 225,000 copies.

We advertise, and, what is more, pay for advertisements in the Toronto daily papers, and all this literature we send out just before Christmas is at a cost for postage of about \$2,500, and when we count our cash about the first of March we generally average about \$30,000 as the result of our appeal.

Our example has been followed to a limited extent by some of the Irish Hospitals for Sick Children. I'll send all of you a copy of our next annual report.

Where the Money Comes From.

During the past thirty years hundreds of thousands of dollars have been received from voluntary contributions by the Hospital for Sick Children.

A general impression prevails that the money for the support of the hospital comes from the pockets of the wealthy. Now, an intimate knowledge of the sources that sustain our work shows that we receive the dollars and dimes of the many rather than the donations of the few.

Of course there are noble and notable exceptions—one at

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least in our history aided us with a gift of \$10,000, the largest the hospital ever received from one individual benefactor in his lifetime. The experience of one other Canadian city differs, and your experience in American cities may differ from ours.

Our experience is that the millionaire and his money are not soon parted, when the hospital has no other security to offer than that inventoried in the words of Holy Writ: "He that giveth to the poor lendeth to the Lord."

The Lady Superintendents.

In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in the charge of a lady superintendent.

It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and boards of trustees.

In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their Association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserve more kindly treatment and encouragement than they do. The pathway of their work is not one strewn with roses and should be made as pleasant as possible by kind words and attention and consideration to the suggestions they have to make to better the condition of their pupils and to improve the routine of the daily labor that falls to their lot.

Nurses' Residence.

The housing of nurses is a feature that deserves far more attention than it gets to-day from hospital managers all over the world. My visits to hospitals during the past thirty years have shown me that in scores and scores of institutions on both sides of the Atlantic the care of the nurse is only a minor consideration.

True, in some of our large cities of this continent and of Great Britain, conditions have materially improved, and there are perhaps fifteen or twenty residences that are models in comfort and sanitary equipment.

These young women deserve the best consideration. They come to us in good health, and should leave us on graduation in undiminished health. I have seen residences, or rather accommodation for nurses, in some parts of the United States, yes, in Great Britain, the condition of which is a serious reflection upon Boards of Trustees and Managers.

A hospital is a place where health should be preserved as well as being restored. There should not be one principle for the wards and another for the nurses' residence. Most nurses don't get sufficient rest. Their labor is too continuous and severe.

Be it said that the hands of many Lady Superintendents of Training Schools are tied in their effort to get proper accommodation for the nurses. The appeal of the Superintendent for bet-

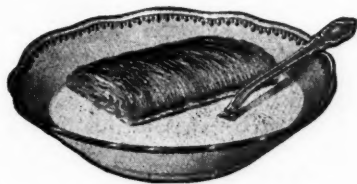
A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

SHREDDED WHEAT

Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

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ter accommodation is made to the Trustees. The appeal gets to their board room table, and either gets into the file box or into the waste paper basket.

Resident Physicians.

The selection of resident physicians—I mean the fourth and fifth year youngsters who have to put in their full year at hospital work before they can have "M.D." upon their door plate—is very important. It is a difficult matter to pick out of thirty or forty applicants just the four or five that will fill the position satisfactorily. It is comparatively easy to find their status during their school life, but because they are good men—yes, even honor men—it does not follow that they are suitable for resident positions in hospitals.

The feelings of not only Medical Superintendents but Lady Superintendents should be consulted. Table manners and general deportment may not be on the curriculum of medical colleges, but they are not a negligible quality in hospital life and administration. A careful scrutiny into personal habits and conduct should be exercised before the residents are introduced into hospital life.

When they are selected they should have proper accommodation, and made comfortable for their work. Their duties are onerous, and in food and lodging they should be under the best conditions. Every man should have a separate room—if possible, a bedroom, sitting room and bathroom. The want of space in older hospitals makes it difficult to effectively carry out the accommodation suggested.

The perfection of comfort for resident physicians is to be found in the Western Infirmary in Glasgow, where a small bedroom, with a small sitting room and bathroom attached, is provided for each resident.

It may be difficult to provide this accommodation in older hospitals, but in those now being constructed on this continent it would be a simple matter, and not so very expensive.

May I, in conclusion, express the hope that my good intentions and earnestness will not lead any of you ladies or gentlemen to assume that I regard myself as an oracle in hospital management.

It was the custom in my early days as a printer fifty years ago to ask the "devil" at the close of his first day of apprenticeship one question, and that question was: 'Are you sorry you learned the printing business?'

It is just as impossible for a grown man to learn the hospital business in the years I have given to the work as it was for the boy to learn to master the secrets of "the art preservative" on the first day of his apprenticeship.

I have not learned the hospital business, but I am not sorry I tried to learn the mysteries of your work and mine.

We are all of us soldiers, not conscripts, but volunteers in the armies that keep step in the great march of mercy.

I am glad to be with you in this great council of war, where we meet as Americans and Britishers, each separated in allegiance to the ensign of our affection, but united in loyalty to the humanity which is above all nations. J. ROSS ROBERTSON.

The advertisement features a central circular graphic with the text "INFLAMMATION'S ANTIDOTE" at the top and "APPLY HOT AND THICK" at the bottom. In the center of this circle is a can of Antiphlogistine. The can's label includes the following text: "LARGE SIZE", "ANTIPHLOGISTINE", "MADE BY FENNER CHEMICAL CO. NEW YORK CITY, U.S.A.", "SOLD EVERYWHERE", "KEEP THE LID ON", "PRICE, 61.55", and "MADE BY ALL DRUGGISTS".

Surrounding the central circle are six diagonal banners, each listing a medical condition. Starting from the top left and moving clockwise, the banners contain the following text:

- Tonsilitis
Bronchitis
- Abscesses
Boils
- Synovitis
Lymphangitis
- Ulcers
Erysipelas

Small decorative floral motifs are placed between the banners: one between Tonsilitis and Abscesses, one between Abscesses and Synovitis, one between Synovitis and Erysipelas, and one between Erysipelas and Tonsilitis.

Hospital and Training School Department

MISS FLAWS, Superintendent of the Butterworth Hospital, spent a brief holiday in Toronto, greatly to the pleasure of her many friends.

APPLICATIONS are being received by Dr. Edith Beatty for the position of Superintendent of Nurses at Grace Hospital. We understand that the Board of Governors will make an appointment at an early date.

MISS ALICE STEWART, who has resigned her appointment as Assistant Superintendent of Nurses at Toronto General Hospital, received several valuable presentations from the doctors and nurses on her departure. Miss Stewart will spend a short time at her home, and then take up post-graduate work.

MISS SAWYERS, the Lady Superintendent of the Toronto Orthopedic Hospital, was presented by the Ladies' Committee of the Hospital with a case of sterling silver spoons at a reception held recently in her honor. The presentation was made by the President of the Committee, Mrs. Carman. Miss Sawyers has resigned on account of her approaching marriage.

THE Central Registry Committee held its regular meeting on Monday evening, Oct. 5, at 644 Spadina Avenue, Toronto. Seven members present. The Registry members number 274. Four applications were laid before the meeting. Calls for July, 130; August, 158; September, 122. Amount in savings bank, \$504.50; current account, \$58.70; on hand, \$15.00. Eighteen members have resigned since the July meeting—some to take hospital positions, some to do post-graduate work, and two, Miss Switzer and Miss Plewman, to be missionaries in China. We wish all every success in their work.

THE Board of Trustees and the Ladies' Aid of the City Hospital, Stratford, recently tendered a reception to their new Lady Superintendent, Mrs. Anna M. Staebler. The reception was held from 3 to 4 p.m. on the beautiful and spacious lawn in front of the Nurses' Home. Refreshments were served by the ladies from a marquee, and music was rendered by an orchestra. Following the reception were the graduating exercises of the class of 1908. Dr. D. Smith gave an unusually good address to the class. Miss Wanness, who had been Assistant for about four years, and had resigned her position, was presented by the Board of Trustees with a purse of gold and by the Ladies' Aid with a pearl sunburst. Mr. Wm. Preston, Chairman of the Board, in addressing the guests, remarked that the Trustees were fortunate in securing the services of Mrs. Staebler, who has had experience in the executive work of

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For detailed information write to the Principal of Training School.

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Philadelphia and Pittsburg hospitals and stands high in her profession. He said he believed that the citizens would stand loyally behind her and give her every assistance in their power.

A MEETING of ladies interested in the "Fair of All Nations" was held at 349 Sherbourne Street on October 13th, at 3 p.m. Mr. P. W. Rogers, the business manager, was present to help arrange the location of the booths and other details connected with the Fair, which is to be held in Massey Hall, November 12th, 13th and 14th. A military band concert and "march past" of the nations will be held each evening. It is hoped to make the Fair most interesting as well as profitable. The nurses of Toronto will be very glad indeed to receive contributions of any kind from their friends. These may be sent to Miss Barwick, 644 Spadina Avenue, or Miss Bowerman, 349 Sherbourne Street.

A DAINTY silk bag and an invitation to a "Birthday Tea" last month, at the Lakeside Hospital, in Cleveland, and this verse—

This party is given with a string to it tied,
The bags, too, are given, but it isn't denied
That we hope you'll return them well filled up inside,
For the treasury is low and it is thought best
In this way to put the first egg in the Endowment Fund nest.
One penny for each year you are old
Would seem but just, as I am told;
But if that age you tell no more,
Into the treasury you may pour
All the contents of your purse,
With many thanks from every nurse.

—are the clever invention of the Alumnae there. We hope they were very successful.

THE thirteenth annual meeting of the Canadian Nurses' Association was held on Tuesday afternoon in the Medico-Chirurgical Society's rooms, which have been kindly loaned again this year for the winter's lectures, and for which the Association owe a debt of gratitude to the doctors. The hall was well filled with representatives from all the city hospitals and others. The Rev. Dr. Fleck opened the meeting with prayer, and afterwards expressed his pleasure in being present and meeting with those in so Christ-like a work. He also gave some good advice in a few well-chosen words. The President, Miss Baikie, was in the chair. Reports were read from the Recording Secretary, Registrar, and Treasurer, also Treasurer of the Sick Benefit Fund, all showing the C. N. A. in a good condition and a fair balance in the bank. The Sick Benefit Fund is not as flourishing as we would wish, but we hope this year many may take advantage of this opportunity, and we would urge upon each member of the Association to join this fund. If some are fortunate

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or *Dispora Caucasica*, and a yeast, *Saccharomyces Cerevisiae*. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Alkins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumisi, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

We are preparing Kephyr daily at our Dairy, under the direction of Mrs. F. Pumer, of Zurich, Switzerland.

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enough not to need its support, there may be others to whom it may prove a great blessing, so by joining this branch of the Association we can practically help one another. During the past year six lectures were given by some of the leading doctors of the city, and were greatly appreciated by all who attended. We are grieved to report the death of one of our members, Miss M. O'Reilly, who joined the C. N. A. shortly after its inception, and who was a devoted nurse and will be sadly missed in her sphere of work. The membership of the C. N. A. is 228 and rapidly increasing, as it is receiving candidates each month. The officers for the ensuing year are as follows: President, Miss Baikie; 1st Vice-President, Miss Colquhoun; 2nd Vice-President, Miss Hill; Recording Secretary, Miss Phillips; Corresponding Secretary, Miss G. Colley; Treasurer, Miss Cooper; S. B. F. Treasurer, Miss E. Cooper; Directors, Miss Dunlop, Miss Ward, Miss M. Welch, Miss Mackay, Miss Saunders, Miss Moffat, Miss M. Fortescue, Miss Desbrisay, Miss Bullock, Miss MacBride, Miss McBeath, Mrs. Petrie.

WE have great pleasure in announcing that the Trustees of the Sick Children's Hospital, Toronto, have appointed a graduate nurse to care for the outdoor patients. The nurse will visit the homes of the patients and help them to carry out the doctor's orders.

Personal.

MRS. MARGARET REYNOLDS, H.C.H., has returned from a three months' visit to England.

MISS HURLBURT has been appointed Superintendent of Nurses at the Gravenhurst Sanitarium, Ontario.

MISS M. M. REDMOND has accepted the position of Assistant Superintendent of the Stratford General Hospital.

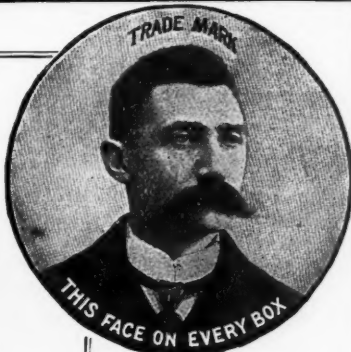
MISS MACKAY, R.V.H., is a guest of her sister, Mrs. McQueen, Vancouver, B.C., and intends to stay for some time in that city.

MISS LIDDY and Miss Laidlaw, who have been spending the summer in Killarney, Manitoba, are expected in Hamilton by Oct. 1st.

MISS BARBARA McLENNAN, V.G.H., has accepted the post of Charge-Nurse of the O. R. in the Royal Columbian Hospital, New Westminster, B.C.

MISS ISABEL STEWART (W.G.H.) is taking the hospital economics course at Columbia University, New York. We wish more of us could follow her example.

MRS. A. M. STAEBLER, Lady Superintendent of the City Hospital, Stratford, attended the meeting of the American Hospital Association, held recently in Toronto.



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Miss Margaret McCreight, D. G. H., '08, has gone East for an extended holiday.

MRS. ARTHUR NEWSON has gone to Winnipeg. She will return about Christmas.

MRS. HOUSE, Lady Superintendent of the H. C. H., is spending her vacation in Ithaca, N.Y.

MISS FLORENCE BUCKLES has been appointed head nurse at the Ottawa Isolation Hospital.

MISS MINA RODGERS has been appointed Superintendent of the General Hospital, Niagara Falls, Ontario.

MISS ALMA ROBB WILSON, graduate of H.C.H., who is doing private nursing in New York, spent her vacation in Brampton and Hamilton.

MISS M. LEWELLA HANNAH, graduate of the Hamilton City Hospital, is taking a post-graduate course at Fordham Hospital, New York.

MISS BRERETON has resigned her position as Superintendent of the Dauphin General Hospital, and will return to Ontario. Miss Gendron, of St. Boniface Hospital, Winnipeg, will be her successor.

MISS GUNNE, D. G. H., '07, took charge of the General Hospital at Dauphin during Miss Brereton's recent absence at her father's deathbed.

MISS M. LYNNOTT, of North Bay, and Miss M. McMillan, New York, graduates of Ottawa General Hospital, spent their holidays in Ottawa, guests of a classmate, Miss Isabel McElroy.

MISS MACFARLANE, Lady Superintendent V.G.H., and Miss Burgess, nurse in charge Maternity Ward, V.G.H., are attending the convention of the Canadian Society of Superintendents of Training Schools for Nurses in Ottawa, and will there represent the Vancouver Graduate Nurses' Association in the formation of an International Council of Nurses.

MISS SOPHIA DOHERTY, R. V. H., Barrie, has completed a post-graduate course at Harlem, Bellevue and allied hospitals, New York, passed successfully her examination and received her certificate.

MISS L. L. ROGERS (S. C. H.), who is a pioneer and a bright, and shining example among school nurses, resigned her position in New York under the Board of Health on October 1st. Miss Rogers organized the work of school nurses in New York six years ago, and perhaps no one in the world knows quite as much about the school nurse and her work as Miss Rogers. The reason of her resignation reflects credit upon her and discredit upon some others who shall be nameless. Miss Rogers has had several good appointments offered to her already. We have a great hope that she may come to Toronto, but, wherever she goes, our best wishes will go with her.

Minor Medicine

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MISS MAY HEPWELL had a very pleasant vacation in August at Atlantic City.

MISS MARGARET MOAG, class of K. G. H. '02, has resigned her position as Night Superintendent of the Butterworth Hospital, Grand Rapids, Mich., to accept the position of Assistant Superintendent of the Guelph General Hospital, and has commenced her duties.

MRS. G. E. BURNS, R. V. H., Montreal, has taken possession of the residence, 609 Jarvis Street, where she will be at home to all her friends.

THE Alumnae Association of the Guelph General Hospital held their annual meeting September 4th, when the following officers were elected: Honorary President, Miss Smith (G. G. H. Superintendent); President, Mrs. A. Anderson; Vice-President, Mrs. Douglas; Corresponding Secretary, Miss J. E. Anderson; Secretary-Treasurer, Miss M. Walker. The Alumnae also held a picnic, September 9th. The day was beautiful, with a good turnout of members, Mrs. Douglas, who had just returned from a two months' trip abroad, giving many interesting accounts of her holiday to listeners, most of whom hoped to have a similar experience some day.

MISS BORTHWICK, Superintendent of the Macon General Hospital, Georgia, spent a few days in town, visiting old friends and her Alma Mater.

MISS ISABELLA PATON, graduate of 1907, was married early in the month, at her home in Merriton, to Mr. A. T. Crutcher, who has been appointed missionary accountant to Chentu, West China, for which place he and his bride will sail after a short honeymoon spent among the Muskoka lakes.

WE are indebted to the *W. G. H. Journal* for the following interesting news:

MISS FLORENCE MCBRIDE is Superintendent of the Hospital at Trail, B.C.

MISS FROST is spending three months in the East, at Owen Sound, Toronto and Muskoka.

MISS ANNIE ARMSTRONG ('07) has taken charge of Dr. Gray's hospital on Hargrave Street, Winnipeg.

MISS E. M. TURNER and Ethel Reid have completed their training in the hospital and are remaining on the staff. Miss Turner has charge of the surgical wards and Miss Reid the children's ward.

MISS MARIA HERMAN has accepted a position on the staff of the Lethbridge Hospital.

MISS PETRON has gone to Vancouver to visit her sister, and will probably take up private nursing in that place.

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*A Priceless Boon
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*At the Bedside
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Up and Down
Stairs*

*No More Waking
the Entire
Household*

*The Work is Done
Quietly-Easily*

*By Thermos Never
Sleeps*

It Keeps Beef Broth Fresh and Hot Twenty-Four Hours

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You Can See what a Comfort it Really is

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MONTREAL

MISS WILSON is enjoying a much-needed holiday at the coast.

MISS COLTART ('08) has taken charge of the Isolation Hospital.

MISS FALLIS and Miss Reid ('07) have returned to Winnipeg to take up private work there.

MISS MARY LAYTON ('08) leaves shortly for her home in Nova Scotia, where she expects to take up her work in future.

MISS MARY BELL, of the Michel Hospital, spent part of her holidays renewing old acquaintances in Winnipeg.

MISS PATTEN left for her home in England on six months' leave of absence. All wish her a speedy restoration to health.

MISS MINNIE MACMILLAN has been appointed Lady Superintendent of Macleod Hospital.

MISS LOWE has gone to New York and will take a post-graduate course at the General Memorial Hospital.

MISS M. E. NICHOLSON is returning to Winnipeg shortly, after an enjoyable visit to her home in the East.

MISS VENABLES, Lady Superintendent of Carman Hospital, is visiting in Winnipeg.

MISS CORNETT has arrived in Winnipeg. She has resigned her position at Fernie.

MISS MARY BELL has returned to Michel after a pleasant holiday, part of which she spent in Winnipeg.

MISS MCBRIDE and her patients at the Michel Hospital went through some stirring experiences during the fire which threatened the town. The hospital, however, was not destroyed, though its occupants had to take refuge in Frank.

MISS REBECCA EVANS, who has for the last thirteen years been the secretary and office nurse of Dr. W. T. Bull, of New York, the eminent surgeon, died on October 14th, at her home in London, Ont. Miss Evans, who was well known to many Canadian nurses and highly esteemed, was devoted to her professional duties and to the care of Dr. Bull, who is now dying of cancer. She remained at her post almost too long, until warned by her physician of a complete breakdown. She was a graduate of S. Luke's Hospital in New York and was the daughter of Mr. John Evans, 487 King Street, London. Her family and friends have the sympathy of all in their sad loss.

MISS BERTHA J. WILLOUGHBY, Seeley's Bay, Ont., a graduate of the Kingston General Hospital, Kingston, Ont., who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the Swedish system of massage and medical gymnastics, electricity and hydrotherapy, at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy.

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TORONTO CANADA

MISS AGNES BUSHFIELD, R.N., G.G.H., has been appointed Lady Superintendent of the Parry Sound Hospital.

MISS MACFARLANE and Miss Burgess, of the Vancouver General Hospital, passed through Toronto recently on their way home. Miss Macfarlane was looking well, and the delight of her old friends on seeing her again was very great.

As we go to press, the appointment of Miss Alice J. Scott as Superintendent of Nurses in Grace Hospital is announced. Miss Scott and the Hospital are both to be congratulated.

BIRTHS.

WHITE.—At Sussex, N.B., September 15th, the wife of Chas. T. White (nee Miss Trites, graduate of L.S.I., Ottawa), twins—girl and boy.

To Dr. and Mrs. Claude Freeman, Chung King, China, on August 4th, a son (Thomas Edmund). Mrs. Freeman was Miss Florence Mortson, of H. C. H., class '05.

MARRIAGES.

IN New York, September 2nd, 1908, Louise Robinson, graduate of the General Protestant Hospital, Ottawa, class 1905, to Mr. Harry Swan, of Ottawa.

AT Winnipeg, August 10th, Gertrude Moore, of Toronto, Ont., to Mr. Chris Benidickson, of Dauphin, Manitoba. Miss Moore is a graduate of T. G. H., class '04, and for the past year has had charge of the isolation department of the Winnipeg General Hospital. Mr. and Mrs. Benidickson will reside at Dauphin.

IN Woodstock, on September 5th, 1908, at the residence of Mrs. Arthur Knight, the bride's sister, by the Rev. Mr. Cobbledick, Josie D. Mayne (graduate H. C. H., '06) to Wm. H. Childs, of Hamilton. Mr. and Mrs. Childs will live in Hamilton.

EWBANK—HARRISON.—At Maple Grove Farm, Hagersville, Ont., September 16th, at 2.30 p.m., Alice Maude Harrison, graduate S. G. H., class 1907, to William Ewbank.

HARRIS—CAULFIELD.—On September 24th, 1908, at the home of the bride, by the Rev. R. J. M. Glassford, Miss Anne Caulfield to Mr. Edwin Harris, of St. Catharines, formerly of Rockwood, Ont. Miss Caulfield is a graduate of the Guelph General Hospital, class 1906.

DEATHS.

It was with deep regret the Alumnae Association of the Guelph General Hospital learned of the death of their much-loved member, Miss Isabel Macintosh, which occurred at her mother's home, North Bruce, Ont., September 15th, 1908, of blood poisoning. Her death, which was entirely unexpected, left many to grieve for a kind and faithful nurse, a loving daughter and sister, a cheerful and conscientious friend.

Resolved, Whereas it has pleased God to remove from amongst us one of our most worthy and esteemed sister nurses, and

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that we as an Association feel that in the death of Miss Macintosh we have lost a loved friend and the profession a most conscientious and able worker, that we, the members of the Association, extend our heartfelt sympathy to the bereaved family.

Resolved, That a copy of these resolutions be sent to THE CANADIAN NURSE and that they be entered on the minutes of the Association as a mark of our love and respect.

Miss Macintosh was enjoying a vacation, after a very successful winter's work in New York City, and looked forward to returning to her work when cut off so suddenly. Her bereaved relatives have the heartfelt sympathy of all who knew her. The many tokens of esteem from former patients and floral tributes testified to her general popularity. The members of the Editorial Board of THE CANADIAN NURSE join with the Alumnae Association in the expression of deep sympathy and regret.

The Nurse's Library.

The Fourth Annual Report of the Michigan State Nurses' Association, which we have just received, is tasteful in appearance and most interesting in contents. It reflects great credit on the Association and on its Secretary, Miss Flaws, of Grand Rapids, Mich.

The last number of *Una*, the journal of the Royal Victorian Trained Nurses' Association, is a most interesting one. It contains an excellent account of the annual meeting of the Association.

Desbarats' Newspaper Directory for 1908-9 has just appeared, and is a handsome and convenient volume, showing a distinct advance, not only in the Directory, but in the business which it represents. 42 Victoria Square, Montreal.

Osler's Modern Medicine, Vol. III., concludes the infectious diseases, and is written by twenty-one authors, including Col. David Bruce, who writes the article on Malta fever; Dr. Macallum and others, who write 300 pages on tuberculosis; Dr. Osler himself, Dr. Dunbar, and others. This volume maintains the high standard of excellence already reached by the earlier volumes.

A Short Practice of Midwifery for Nurses. By HENRY JELLETT, B.A., M.D., F.R.C.P.I. Philadelphia: P. Blakiston's Sons & Co. \$2.60.

The third edition of this very valuable book has been brought thoroughly up to date. There is no book on obstetrics for nurses better than this one. It will well repay perusal and study.

The Quality of Mercy. MRS. CHARLES P. IVES. Manchester: John Heywood. 4s. 6d.

Once more is the nurse the heroine of a novel. As usual (in novels), she marries a doctor. This time it is a consultant, Sir John McKenna. Marjorie Carruthers, the heroine, is a pleasant and attractive character, and the book will be interesting to nurses,

New Books for Nurses

A History of Nursing

The evolution of the methods of care for the sick from the earliest times to the foundation of the first English and American Training Schools for Nurses. By LAVINIA L. DOCK, R.N., Secretary of the American Federation of Nurses and of the International Council of Nurses, etc., and M. ADELAIDE NUTTING, R.N., Superintendent of Nurses The Johns Hopkins Hospital, Principal of Johns Hopkins Training School for Nurses, etc. Two vols. Price, \$6.00.

The Matron

Her duties and responsibilities, including principles of economy in institutions. Price, \$1.00.

Practical Fever Nursing

By EDWARD C. REGISTER, M.D., Professor of the Practice of Medicine in the North Carolina Medical College, Chief Physician to St. Peter's Hospital, Editor of the Charlotte Medical Journal. Price, \$2.50.

The Role of Modern Dietetics in the Causation of Disease

By J. SIM WALLACE, M.D., D.Sc., L.D.S., Hon. Dental Surgeon West End Hospital for Nervous Diseases and Assistant Dental Surgeon National Dental Hospital, W. Price, \$1.00.

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who will see both contrasts to and likenesses of their own hospital experience in it.

ALL readers of this magazine who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Northern Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the nursing profession, it will be of interest to you to see what these apartments are like.

Publishers' Department.

EXPLAIN THE WAY AS WELL AS THE WHEREFORE.—No doubt many of our failures are due to our neglect to impress the patient with the importance of the matter, or to explain clearly enough the method of procedure. For instance, when we order the patient to take vaginal douches, if we do not at the same time order a proper syringe and explain its use, the chances are that the result will be failure to get any good effect—if not, indeed, to excite disgust for the whole matter. A vaginal douche may be a great comfort to the patient as well as a valuable curative measure—as it may also be a dismal failure or worse. When we say order a *proper* syringe we mean, of course, the Marvel, for there is no other syringe nearly so well adapted to this purpose. The Societe d'Hygiene de France in 1902 awarded it the gold medal as the best syringe to cleanse the vagina.

Owing to the peculiar construction, it dilates and flushes the vaginal passage with a volume of whirling fluid which smooths out the folds and permits the injection to act on the entire surface.—*Exchange*.

ANAEMIA, IRON AND OIL.—The abundance of fat found in healthy bone marrow and the scarcity of fat in the bone marrow of anæmic patients suggests a reason why Cod Liver Oil is so often efficient as a remedy for anæmia. Iron certainly acts as a tonic and is an important constituent of haemoglobin, but it can scarcely contribute anything towards the organic substance of the red corpuscle. How the bone marrow changes fat into red corpuscles is one of nature's mysteries, but the microscope shows the narrow cells in all stages of transition into new red corpuscles and abundantly surrounded by fat cells. Cod Liver Oil seems to be a natural food





CERTAIN as it is that a single acting cause can bring about any one of the several anomalies of menstruation, just so certain is it that a single remedial agent—if properly administered—can effect the relief of any one of those anomalies.

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for bone marrow. Scott's Emulsion, a reliable preparation of Cod Liver Oil, is often of great use in relieving anæmic conditions, especially in the chlorosis of young women. That anæmic blood should regain its color without the administration of iron only reminds us of the fact that ordinary food contains all the iron the system needs, and probably the only form of iron the system ever really absorbs.

THE THERAPEUTIC USES OF HAMAMELIS VIRGINICA.—It is a fact of no little significance that Pond's Extract of Hamamelis Virginia has been known and employed by the medical profession for over sixty years. Any remedy that can thus endure the severe tests of time and practical experience must have a fundamental worth of more than ordinary degree. To be sure, not all physicians have held the therapeutic usefulness of Hamamelis in the same esteem, and some have undoubtedly under-estimated, or completely disregarded, its real value. But certain recent studies and researches, both clinical and chemical, have emphasized, in a very positive way, the fact that Hamamelis has a well-defined pharmacology, and reinforced—if such a thing were necessary—the therapeutic claims that have been made for it. The recent chemical investigations of Scoville are worthy of special note. He reports that he has examined the fatty substance which, after distillation of witch hazel twigs, rises to the surface of the distillate, and that the oil evidently consists of a terpene, with a small portion of an alcohol (about 7 per cent.), and a still smaller amount of an ester, which justifies the conclusion that the soluble substance is a terpene-like body analogous or closely similar to the derivatives or constituents of the essential oils. It is no small thing, moreover, which medical men have come to appreciate—that complete reliance can be placed on the absolute freedom of Pond's Extract from all toxic or injurious substances like wood alcohol or formaldehyde.

GRADUATION REPORT.—At the end of the summer term, 1908, seventeen students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, in the following branches: In the Swedish System of Massage, Medical Gymnastics, Electro and Hydro-Therapy—Julia Crosby Wight, of New Hamburg, N.Y. (graduate Bellevue Hospital, New York; Head Nurse of Emergency Hospital, Bellevue; Asst. Supt. Englewood Hospital, Englewood, N.J.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Delphina E. Capling, Cannington, Ontario, Canada (graduate St. Luke's Hospital, Newburgh, N.Y.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.); Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada (graduate Collingwood General and Marine Hospital, member Graduate Nurses' Association of Ontario); Myrtle Edith Sherbon, Colfax, Iowa (Victoria Sanitarium, Colfax, Iowa); Harriet Cleek, Lexington, Kentucky (graduate Good Samaritan Hospital, Lexington, Kentucky; post-

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The History of Nursing in the British Empire, by Sarah A. Tooley, \$2.25.

The Home Physician—paper 30c, cloth 45c.

**Our Sick and How to Care for Them*, by Florence Stocpoole.

**Cookery for Common Ailments*, by a F.R.C.P. and Phyllis Browne.

**Advice to Women on the Care of Their Health Before, During and After Confinement*, by Florence Stocpoole.

The Practical Nursing of Infants and Children, by F. C. Madden, M.D., F.R.C.S., \$1.00.

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